

## IMPORTANCE OF KRIYAKALAVIVECHANA IN THE MANAGEMENT OF PRAMEHA- A CONCEPTUAL STUDY

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### ABSTRACT

*Prameha* is a term considered for the condition of all types of *Prameha* elucidated by *AcharyaShusrutha* characterised by *Prabuta mootrata* (increased quantity of urine) and *Aavila-mootrata* (increased turbidity of urine) as *Samanyalakshana* (general symptom).<sup>1</sup> Some of the *Prameha lakshanas* are correlated with Diabetes Mellitus which is a group of metabolic disorder characterised by hyperglycemia with or without glycosuria resulting from an absolute or conditional deficiency of Insulin. Aetiology is multifactorial and includes genetic factors coupled with environmental influences such as obesity associated with rising living standards. In an attempt for early diagnosis and intervention *Kriyakalavivechana* will help a lot. *Kriyakala* means the time of treatment or interception in the process of disease manifestation. These six stages mentioned by *Acharya-Shushruta* gives an idea regarding the state of the disease in the body and it guides us when to intervene or where to intervene. *Kriyakala* give us the knowledge of diagnosis, prognosis and the level of intervention and so that to prevent the establishment of a disease. Timely intervention with appropriate *Oushada*, *Pathya*, *Vyayama* (medicine, diet, exercise) for the same. Both the short term and long term complications can be effectively managed and prevented by breaking the vicious cycle of pathology and there by enhance the quality of life of the patient.

**Key words:** *Prameha*, *Prabuta avila mootrata*, *Kriyakalavivechana*

### INTRODUCTION

The worldwide prevalence of DM has risen dramatically over the past two decades, from an estimated 30 million cases in 1985 to 382 million in 2013. Based on current trends, the International Diabetes Federation projects that 592 million individuals will have diabetes by the year 2035<sup>2</sup>. The metabolic deregulation associated with DM causes secondary path physiologic changes in multiple organ systems that impose tremendous burden on the individual with diabetes and on the health care

system<sup>3</sup>. Most of the time, the disease becomes deadly or untreatable because the detection usually happens at a later stage. But with the proper use of *Kriyakala Vivechana* concepts specific to *Prameha* we can propose a better & early detection system and treatment that will prevent the disease entering to untreatable stage. Ayurveda emphasizing on being healthy, gives the detailed description about the initiation of the diseases step by step. If one pays special attention to the

changes happening inside and outside the body, anyone can be healthy and it is easy to get healed in the early stages.

### **Kriyakaala**

Acharya Shushruta explains the initiation of disease by classifying into six stages which are known as *Kriyakalas* or *Shadkriyakalas*<sup>4</sup>. *Kriya* is *karma/pravruthi* (action). *Kala* is time that is *Chikitsa* (time for appropriate action). There are *Shadkriyakalas* which are named as *Sanchaya*, *Prakopa*, *Prasara*, *Sthanasamsraya*, *Vyakta* and *Bheda*. *Kriyakala* gives us the knowledge of diagnosis prognosis and the level of intervention, time of treatment or interception in the process of disease manifestation, to prevent the establishment of disease.

**Sanchaya:** It is the stage represents the inceptive phase of the disease, when *Dosha* is stated to have accumulated in its own place<sup>5</sup>. *Sanchaya* is divided into two, based on the *Ritu* (season) and *Nidanas* (etiological factors). They are *Swabhavika* and *Aswabhavika*<sup>6</sup>. Under *Swabhavikasanchaya*, all the changes happening based on *Ritu* (season) and *Vaya* (age related). In *Aswabhavikasanchaya*, changes happening because of the etiological factors like *Pranajaparadha* (intellectual errors), *Mityaharavihara* (unwholesome diet and regimen), *Asathmyendriyarta samyoga* (unwholesome conjunction of sense organs and objects) etc. So here in diseased conditions usually we will be considering *Aswabhavika sanchaya*. Depends on the *Dosha* dominance in each stage, person will be exhibiting different type of *Lakshana* (symptoms) such as in the dominance of *Kaphadosha* person will have symptoms like *Gourava* (heaviness), *Aalasya* (lassitude). In *Pitha dosha* there will be *Pitaavabhasata* (yellowish discolouration) *Mandoshmata* (mild raise in temperature). In

*Vata* dominance there will be *Sthabda poorna koshtada*<sup>7</sup> (fullness of abdomen).

**Prakopa:** In this stage *Doshas* which had previously accumulated in *Sanchayavastha* become excited to move to other locations<sup>8</sup>. Same as that of *Sanchaya*, *Prakopa* also divided as two- *Chaya prakopa* and *Achaya prakopa*. The *Prakopa* happens through *Ritu*, *Vaya* as well as the etiological factors like *Mithya Aharaviharadi* (unwholesome diet and regimen) comes under *Chaya prakopa*. In *Achayaprakopa* the process happens without undergoing into *Sanchayavastha* such as if the etiology is *abhighata* (trauma) where the process of *Dosha* vitiation happens very faster. We can appreciate the *Lakshana* (symptom) of *Prakopavastha* based on *Dosha* dominance. In *Kapha dosha*, *lakshanas* such as *Annadweshha* (aversion towards food) and *Hrudayotkleda* (nausea) will be there. In *Pitha dosha*, presents with *Amlika* (sour eructation's), *Pipasa* (thirst), *Paridaha* (burning sensation all over the body). In *Vata dosha*, person presents with *Koshta Toda* (pain abdomen), and *Koshta vata sancharana*<sup>9</sup> (free movement of *vata* inside the alimentary tract).

**Prasara:** *Dosha sanchaya* takes place in very high quantity so that it increases from its own site and start spreading all over the body with single *Dosha* or with a combination of *Dwidosha/ tridosha* or altogether with *Rakta*<sup>10</sup>. Just like the fermentation of black gram occurs likewise in this stage *Prakupita dosha* (aggravated state) gets spread into other sites. In *Kapha dosha prakopa* there will be *Arochaka* (anorexia) *Avipaka* (indigestion), *Angasaada* (malaise), *Chardi* (vomiting). In *Pitha dosha prakopa* there will be *Osha* (feeling of boiling sensation), *Chosha* (pain like sucking), *Pari-daaha* (burning sensation all over the body), *Dhoomayana* (feeling of hot fumes coming

out from mouth). In *Vata dosha* dominance there will be *Vayu vimargagamana* (movement of *vata* in wrong direction inside the alimentary tract) and *Atopa* (more of gurgling sound in abdomen)<sup>11</sup>.

**Sthanasamsraya:** The excited *Dosha* having moved to other parts of body become localized and it marks the beginning of manifestation of specific diseases pertaining to those structures. In this stage *Dosha-dushya sammurchana* (intermixing of *dosha* and *doosha*) happens. The *Prakupita* (aggravated) *doshas* will spread all over the body, where there is a *khavai-gunya* (structural deformity in the passage), *dosha* will accumulate there and produce prodromal symptoms of particular disease<sup>12</sup>.

**Vyakta:** *Pratyathma lakshanas* (specific symptom) related to specific diseases will be attained in this stage for eg: *santaapa lakshana* (raise in temperature) in *Jwara*<sup>13</sup>

**Bheda:** When the disease reaches this stage, they may act as predisposing causes for other diseases. In this stage the disease attains its various classification depends on *Dosha* dominance, attains *Vranabhava* (ulcerations), if we left untreated it goes to *Asadhya* stage (incurable)<sup>14</sup>

### **Kriyakala vivechana in prameha**

Due to vitiation of all the three *Doshas* causing *Prameha*.<sup>15</sup> Depending on the dominance of one or the other *Dosha* *Prameha* is classified. *Prameha* the word meaning goes like 'Pra' is excess, 'Mihyate' is passing urine<sup>16</sup> i.e., presentation of excessive urination is *Prameha*.

*Prameha sanchayavastha* is the stage where the person starts consuming the *Nidanas* (etiological factors). Here it is most of the *Kaphakara nidanas* (etiology) like *Navaanna-panam* (freshly harvested rice), *Pishtanna*

(food prepared from flour), *Payasa sevanam* (sweets prepared in milk), *Ikshuvikaara* (sugarcane products), *Gudavaikrutasevanam* (jageery products), *Ksheera* (milk), *Navamadhya* (freshly wine), *dadhi sevanam* (curds), *Graamyana anupa mamsa sevanam* (meat of domesticated, marshy and aquatic animals), *Asyasukham* (indulgence in sitting, lying down), *Swapnasukham* (indulgence in sleep), *Divaswapnam* (day sleep), *Mrujavaranam* (abstinence from cleanliness) etc. by which there will attain *Sanchaya* of *Kapha dosha* along with other *Dosha* in *Shareera* (body)<sup>17</sup>. There will be *Aamautpathi* (production of morbid elements) and produces *Lakshanas* (symptoms) like *Gouravam* (heaviness), *Alasyam* (lassitude). Further indulgence in same etiological factors leading to aggravation of *Kaphadosha* along with *Amarasa*, produces *Madhuratararasa* (increased sweetness) in the body. Presents the *Lakshanas* like *Annadwesha* (aversion towards food), *Hrudayotkleda* (nausea). If person is following the same *Nidanas* there will be raise in *Kaphadosha* along with circulation of *Madhuratararasa* all over the body through *Rasayanis* (blood vessels) leading to *Athime-dojanana* (increased fat) because of its *athime-nahaguna* (increased unctuousness). *Lakshanas* like *Avipaka*, *Angasaada*, *Sphig/ bahu/ janghavrudhi* (increase in fat bulk over hip, arm, thighs), *Snigdangada* (oiliness over body), *Udaraparshwavrudhi* (hip-waist size increases).

*Sthanasamsraya* in *prameha* is the stage where *Dosha dushya sammurchana* is happening. Because of the continuous irritation causing during *Sanchayaprakopaprasaraavastha* over *rasayanis* there will be formation of *khavai-gunya* (structural malfunction). During the pathogenesis, there will be disturbance in *Dhatuparinamaprakriya* (metabolism in *dhatu*

level) leading to *Medaaparipakwam* (improper fat metabolism). Because of these processes there will be increased production of *Shareerakleda* (body fluid) and *Mamsa* (muscle). These *prakupitakapha* does *Samoorchana* with *Abadha meda* (disintegrated fat), *Shareera kleda* (body fluid), *Mamsa*<sup>18</sup>. These *Shareera kleda* again gets vitiated and transforms into *Mootra* (urine) and lodges in *Basthi* (bladder) results in increased production of *Mootra*. At this stage, there will be presentation of *Poorvaroopa* (prodromal symptoms) of *Prameha* such as *Madhuryasyata* (sweetness in mouth), *Karapaadadaaha* (burning sensation over palms and soles), *Karapadasupta* (numbness over palms and soles), *Mukha Taalu Kanda shosha* (dryness of mouth, palate, throat), *Pipaasa* (polydipsia), *Alasya* (lassitude), *Shareera visra gandham* (bad meat odour from body), feeling of *Nidra* (sleepy) and *Tandra* (drowsiness) whole time<sup>19</sup>.

In the *Vyaktaavastha*, the disease will be manifested completely and start producing the *Samanyalakshanas*. Depending on the *Doshadushyasammorchana* there will be variations in *Sparsha* (touch), *Ganda* (smell), *Varna* (colour), *Rasa* (taste) and *Aavilatha* (turbidity) of *Mootra* (urine). Based on the *Dosha* predominance and *Utkarsha apakarsha* (increase and decrease) of *Rasaadidhatu dushti*, there will be getting the *Vyaktha Lakshana* through *Mootra* such as *Prabhoota mootrata* (increased quantity) and *Aavila mootrata* (increased turbidity)<sup>20</sup>.

*Bheda avastha* is the stage of differentiation of the subtype of *Prameha*. Start manifesting the *Vishesha lakshana* of *Prameha* and *Upadravas* (complications) like *Prameha pidakas* (diabetic carbuncle), depends upon the *Nidana*, *Dosha-dushyavishesha*.

### Chikitsa of Prameha based on Prameha Shatkriyakaala<sup>21</sup>

- The 1<sup>st</sup> 3 stages (*Sanchaya*, *Prakopa*, *Prasara*) we have to manage through *Ritucharya* (seasonal regimens) and *Dinacharya* (daily regimens) where *Acharya* mentions the *Shodhana karma* (detoxification therapy) and other daily regimen for each *Ritu* (season).
- If we are not following the rules of *Ritucharya* the disease pathology will reach into *Sthanasamsrayavastha* where *Poorvaroopas* start manifesting. In this stage we have to start with the *Apatarpana chikitsa* (emaciating treatment) with *Vanaspathi Kashaya* with *Bastamootra* (goat's urine).
- Even we are not started our treatment disease pathology will attain *Vyaktavastha*, where we have to manage with *Ubhaya* (two way) *shodhana* which include both *Vamana* (emesis) and *Virechana* (purgation) with *Pramehahara oushadhas*.
- If not *Prameha* attains its *Bhedavastha* where increased vitiation of *Mamsa* (muscle), *Shonita* (blood) lead to the presentation of *Prameha pidakas* where we have to start with *Raktamokshana* (blood-letting).
- Next stage, only *Shastrapranidhana* (surgical management) and *Vranakriya upaseva* (treatment mentioned for wound) such as *Shashtiupakrama* (sixty treatment) have to adopt. If not there will be *Puya* (pus formation) and will end up in *Asadhyavastha* (incurable stage).

### DISCUSSION

- The concept of *Shatkriyakala* is applicable in all disorders or disease condition.
- Proper diagnosis of particular stage helps us to plan the treatment.

- Good intelligence, good clinical skill and good textual knowledge are the major requirements for the better understanding of *Kriyakala* in each diseased condition.
- The practical application and analysis of *Kriyakala* is highly essential to frame disease control and prevention strategy.

## CONCLUSION

- It is easy to pluck a plant when it is still a sapling, but it is impossible when it becomes a tree.
- If some attention is paid towards the simplest of clinical symptoms several diseases can be handled successfully by doing *Samayaanukula chikitsa* (timely action).
- In case of *Prameha* the management will be very easy, only when the disease is handled during the *Sthanasamsraya* stage or little earlier.
- No creature in this earth is immortal. It is impossible to prevent death but it is possible to prevent diseases so one should try for the preventable.

## REFERENCES

1. Sushruta, Sushruta Samhita, Nibandha Samgraha Commentary of Sri Dalhanacharya and Nyaya Chandrika Panjika on Nidanasthana 6/6, Commentary of Sri Gayadasacharya, by; Vaidya Yadavji Trikrumji Acharya, Choukambha Surabharati Prakashan, Varanasi, reprint-2008, pg.290, pp-824
2. Dennis L.Kasper, Harrisons principle of internal medicine, vol.2, 19<sup>th</sup> edition, pg-2400, pp-2770.
3. Dennis L.Kasper, Harrisons principle of internal medicine, vol.2, 19<sup>th</sup> edition, pg-2399, pp-2770.
4. Sushruta, Sushruta Samhita, Nibandha Samgraha Commentary of Sri Dalhanacharya and NyayaChandrika Panjika on sutrasthanachapter 21, verse 18, Commentary of Sri Gayadasacharya, by; Vaidya Yadavji Trikrumji Acharya, Choukambha Surabharati Prakashan, Varanasi, reprint-2008, pg.103, pp-824
5. Vagbhata, Astanga Hrudaya, Sarvanga Sundara Commentary of Arunadatta and Ayurveda Rasayana Commentary of Hemadri, edited by; Pandit Hari Sastri Paraadkara Bhisagacharya, Choukambha Surabharati Prakashan, Varanasi, reprint-2014 sutrasthana chapter 12 verse 22 Pp: 956.
6. Vagbhata, Astanga Hrudaya, Sarvanga Sundara Commentary of Arunadatta and Ayurveda Rasayana Commentary of Hemadri, edited by; Pandit Hari Sastri Paraadkara Bhisagacharya, Choukambha Surabharati Prakashan, Varanasi, reprint-2014 sutrasthana chapter 12, Pp: 956.
7. Sushruta, Sushruta Samhita, Nibandha Samgraha Commentary of Sri Dalhanacharya and NyayaChandrika Panjika on sutrasthanachapter 21, verse 18, Commentary of Sri Gayadasacharya, by; Vaidya Yadavji Trikrumji Acharya, Choukambha Surabharati Prakashan, Varanasi, reprint-2008, pg.103, pp-824
8. Vagbhata, Astanga Hrudaya, Sarvanga Sundara Commentary of Arunadatta and Ayurveda Rasayana Commentary of Hemadri, edited by; Pandit Hari Sastri Paraadkara Bhisagacharya, Choukambha Surabharati Prakashan, Varanasi, reprint-2014 sutrasthana chapter 12 verse 22 Pp: 956.
9. Sushruta, Sushruta Samhita, Nibandha Samgraha Commentary of Sri Dalhanacharya and NyayaChandrika Panjika on sutrasthanachapter 21, verse 27, Commentary of Sri Gayadasacharya, by; Vaidya Yadavji Trikrumji Acharya, Chou-

- kambha Surabharati Prakashan, Varanasi, reprint-2008, pg.104, pp-824
10. Sushruta, Sushruta Samhita, Nibandha Samgraha Commentary of Sri Dalhanacharya and NyayaChandrika Panjika on sutrasthanachapter 21, verse 28, Commentary of Sri Gayadasacharya, by; Vaidya Yadavji Trikrumji Acharya, Choukambha Surabharati Prakashan, Varanasi, reprint-2008, pg.104, pp-824
  11. Sushruta, Sushruta Samhita, Nibandha Samgraha Commentary of Sri Dalhanacharya and NyayaChandrika Panjika on sutrasthanachapter 21, verse 32, Commentary of Sri Gayadasacharya, by; Vaidya Yadavji Trikrumji Acharya, Choukambha Surabharati Prakashan, Varanasi, reprint-2008, pg.105, pp-824
  12. Sushruta, Sushruta Samhita, Nibandha Samgraha Commentary of Sri Dalhanacharya and NyayaChandrika Panjika on sutrasthanachapter 21, verse 33, Commentary of Sri Gayadasacharya, by; Vaidya Yadavji Trikrumji Acharya, Choukambha Surabharati Prakashan, Varanasi, reprint-2008, pg.105, pp-824
  13. Sushruta, Sushruta Samhita, Nibandha Samgraha Commentary of Sri Dalhanacharya and NyayaChandrika Panjika on sutrasthanachapter 21, verse 34, Commentary of Sri Gayadasacharya, by; Vaidya Yadavji Trikrumji Acharya, Choukambha Surabharati Prakashan, Varanasi, reprint-2008, pg.106, pp-824
  14. Sushruta, Sushruta Samhita, Nibandha Samgraha Commentary of Sri Dalhanacharya and NyayaChandrika Panjika on sutrasthanachapter 21, verse 35, Commentary of Sri Gayadasacharya, by; Vaidya Yadavji Trikrumji Acharya, Choukambha Surabharati Prakashan, Varanasi, reprint-2008, pg.106, pp-824
  15. Agnivesha, Charaka Samhita, Ayurveda Deepika Commentary of Chakrapani, edited by; Vaidya Yadavji Trikrumji Acharya, Choukambha Surabharati Prakashan, Varanasi, reprint-2011, nidanasthana chapter4, verse 3, pg-211, pp-738.
  16. Sir Monier Monier Williams, A Sanskrit English dictionary, Motilal Banarsidass publishers private limited, Delhi, ed-2002 pp 1333.
  17. Agnivesha, Charaka Samhita, Ayurveda Deepika Commentary of Chakrapani, edited by; Vaidya Yadavji Trikrumji Acharya, Choukambha Surabharati Prakashan, Varanasi, reprint-2011, nidanasthana chapter 4, verse-5, pg-212, pp-738
  18. Agnivesha, Charaka Samhita, Ayurveda Deepika Commentary of Chakrapani, edited by; Vaidya Yadavji Trikrumji Acharya, Choukambha Surabharati Prakashan, Varanasi, reprint-2011, nidanasthana chapter 4, verse-8, pg-213, pp-738
  19. Agnivesha, Charaka Samhita, Ayurveda Deepika Commentary of Chakrapani, edited by; Vaidya Yadavji Trikrumji Acharya, Choukambha Surabharati Prakashan, Varanasi, reprint-2011, nidanasthana chapter 4, verse-47, pg-215, pp-738
  20. Sushruta, Sushruta Samhita, Nibandha Samgraha Commentary of Sri Dalhanacharya and NyayaChandrika Panjika on sutrasthanachapter 6, verse 6, Commentary of Sri Gayadasacharya, by; Vaidya Yadavji Trikrumji Acharya, Choukambha Surabharati Prakashan, Varanasi, reprint-2008, pg.290, pp-824
  21. Sushruta, Sushruta Samhita, Nibandha Samgraha Commentary of Sri Dalhanacharya and Nyaya Chandrika Panjika on chikitsasthanachapter 12, verse 4, Commentary of Sri Gayadasacharya, by; Vaidya Yadavji Trikrumji Acharya, Chou-

kambha Surabharati Prakashan, Varanasi,  
reprint-2008, pg.454, pp-824

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**Source of Support:** Nil

**Conflict of Interest:** None Declared